

**TOWN OF CLARENCE**  
ONE TOWN PLACE, CLARENCE, NEW YORK 14031  
TELEPHONE (716) 741-8938 FAX: (716) 407-2190

Nancy C. Metzger  
Town Clerk

Darcy A. Snyder  
Deputy Town Clerk

**APPLICATION FOR PUBLIC ACCESS TO RECORDS**

**To: CLARENCE TOWN CLERK/RECORDS ACCESS OFFICER**

**From:**

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Address

**I HEREBY APPLY TO INSPECT THE FOLLOWING RECORD:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representing

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone No.

**For Agency Use Only**

Approved \_\_\_\_\_

Fee \_\_\_\_\_

**Denied (for the reason (s) checked below)**

- ☐ Confidential disclosure  
☐ Unwarranted Invasion of Personal Privacy  
☐ Record of which this agency is Legal Custodian cannot be found  
☐ Record is not maintained by this Agency  
☐ Exempted by statute other than the Freedom of Information Act  
☐ Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**NOTICE: PERSONS DENIED ACCESS TO RECORDS MAY APPEAL SUCH DENIAL IN WRITING WITHIN 30 DAYS TO THE APPEALS OFFICER-CLARENCE TOWN SUPERVISOR, WHO MUST FULLY EXPLAIN REASONS FOR SUCH DENIAL IN WRITING WITHIN 10 WORKING DAYS OF RECEIPT OF AN APPEAL.**